Question 1

The following statement is <u>true</u> about functional tricuspid regurgitation

1. Tricuspid annular size is inversely correlated with tricuspid regurgitation
2. Volume overload associated with functional tricuspid regurgitation can result in systolic compression of the left ventricle and is visible on short-axis views
3. Right atrial enlargement secondary to atrial fibrillation is a mechanism for functional tricuspid regurgitation
4. Functional tricuspid regurgitation is always associated with tricuspid leaflet tethering

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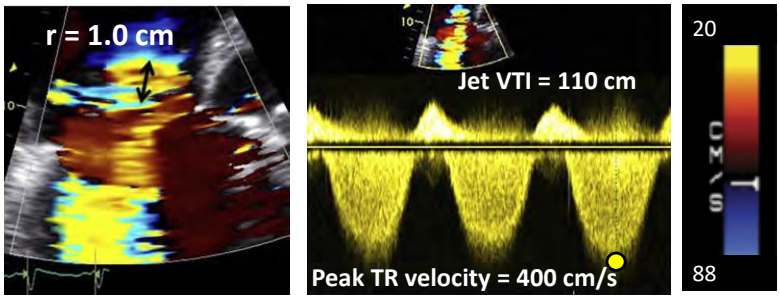
Question 2

What is the effective regurgitant orifice area (EROA) in this patient?

1. 1.38 cm^2
2. 0.63 cm^2
3. 0.31 cm^2
4. 1.14 cm^2



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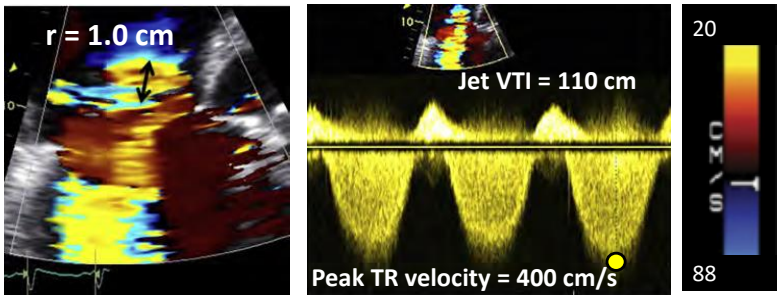

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Question 3

This quantitative method for assessment of regurgitation is acceptable in valves with multiple regurgitant jets

1. Vena contracta
2. Proximal isovelocity surface area
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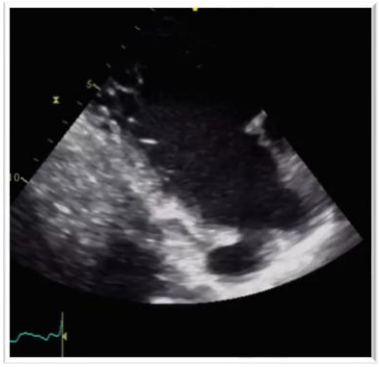
Question 4

What is the most likely cause for this patient's regurgitation?

1. Staph aureus endocarditis
2. Severe anterior leaflet prolapse
3. Blunt chest wall trauma
4. Device-lead interference
5. Carcinoid



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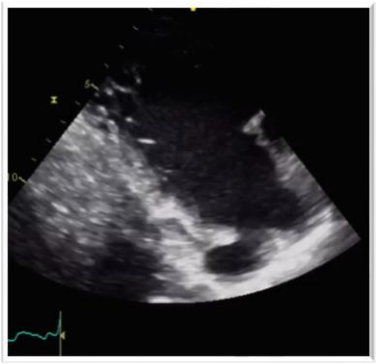
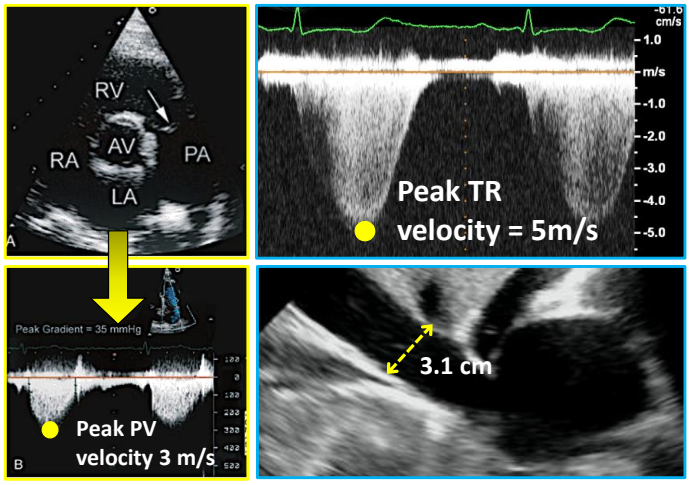


Question 5

The given parameters were assessed in the same patient. What is the systolic pulmonary artery pressure in this patient?

1. 100 mmHg
2. 115 mmHg
3. 79 mmHg
4. 64 mmHg



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